

HHS Privacy Impact Assessment (PIA)

Date of this Submission: **11/18/03**

HHS Agency (OPDIV): **Centers for Medicare & Medicaid Services (CMS)**

Title of System or Information Collection: **Medicare Utilization Data Collection and Access Systems (A system family containing 16 active systems)**

Is this System or Information Collection new or is an existing one being modified? **The majority of the systems under this “family of systems” are existing systems. NMUD is currently “in development”. MDM is a system that is listed as “in development” but is no longer being developed. MBPRP, MANRLINE, MVPS and WFE are retired systems.**

Identifying Numbers (Use N/A, where appropriate)

Unique Project Identifier Number: N/A

System of Records Number: **09-70-0005 (NCH/NMUD System Number)**
09-70-0009 (MEDPAR System Number)

OMB Information Collection Approval Number and Expiration Date: N/A

Other Identifying Number(s): N/A

Description

1. Provide an overview of the system or collection and indicate the legislation authorizing this activity.

The following systems are part of the Medicare Utilization Data Collection and Access Systems (A system family containing 21 systems):

- The NCH 100% Nearline File is the repository of all common working file (CWF) processed Part A and Part B detailed claims transaction records, beginning with service year 1991. The NCH contains both institutional claims (Inpatient/SNF, Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and noninstitutional claims processed by local carriers (physician/supplier) and DMERCs.
- NMUD is the new storage structure for the Medicare claims. NMUD is being developed to replace the sequential flat files NCH with a DB2 environment as the enterprise Medicare utilization repository. NMUD will house CWF-processed detail claims transactions, beginning with service year 1998. NMUD will contain the majority of data fields stored in the NCH, except patient name; some derived fields; and elements only required for front-end CWF MQA editing.

- The CWFMQA system is the front-end receipt and control process that receives daily transmissions of claims data from the nine CWF host sites. These daily receipts are run through a variety of edits and are then stored in weekly batches for a monthly load to the NCH 100% Nearline File.
- The MEDPAR file is a representation of a beneficiary stay in an Inpatient hospital or Skilled Nursing Facility (SNF), which may include one or more final action claims.
- HCIS is a multi-dimensional software application that provides an easy-to-use access path for non-programmers to manipulate Medicare data into information. HCIS provides Graphical User Interface (GUI) interface forms (views) and reports on the different types of Medicare services.
- The IBNR estimates represents the cost of services provided to Medicare beneficiaries, but not paid at the end of the fiscal year, and is needed as part of the CMS financial statements.
- MADS incorporates monthly summarized Part A and quarterly summarized Part B data. The monthly/quarterly summaries are loaded to relational tables for user access.
- The MBPRP system creates monthly and quarterly skeleton files that are used in a variety of other systems. Every input record processed has identifiable data but only select output files require identifiable data.
- The NCHSTS system produces various utilization tables of Medicare services. There is no identifiable data on the reports created.
- The NCHSUM system creates individual line item files for Medicare services and summarizes various pieces of information to feed to Part B Extract and Summary System (BESS).
- The National Claims History Processing Reports (seven reports in the package) detail by type of service (e.g. Inpatient hospital, skilled nursing facility (SNF), home health and hospice) the monthly and cumulative year-to-date totals of the number of claims processed and dollar amounts of adjudicated claims.
- The CMHS file records and reports individual and cumulative Medicare usage per year for a 30 year span for a sample of Medicare beneficiaries.
- DESY is the extract system for the enterprise data.
- DSAF is the legacy extract system for CMS data (is has been replaced by DESY)
- FTAPE is the shipping & tracking and Data Use Agreement System

The legislation authorizing this activity is OMB Circular A-130.

2. Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

CMS collects billing and utilization data on Medicare beneficiaries enrolled in hospital insurance or medical insurance parts of the Medicare program, as well as provider specific information. The data collected for this “family of systems” is the processed Part A and Part B detailed claims transaction records, beginning with service year 1991. There are both institutional claims (Inpatient/SNF,

Outpatient, Home Health and Hospice) processed by Fiscal Intermediaries (FI) and non-institutional claims processed by local carriers (physician/supplier) and DMERCs. The individual identifiable pieces of data contained in the “family of systems” are:

- name of beneficiary
- residence state/county and mailing zip code
- health insurance claim account number
- diagnosis and procedural codes
- beneficiary’s race
- beneficiary’s sex
- date of birth
- physician UPIN
- physician name.

There is also data collected from the Enrollment Database (EDB):

- beneficiary’s SSN
- date of death

Other pieces of data (not PII) are also collected to carry out the agency’s mission of program assessment, research, program and policy development & evaluation and litigation purposes.

3. Explain why the information is being collected.

The primary purpose for collecting this information is to store and maintain billing and utilization data on Medicare beneficiaries enrolled in hospital insurance (Part A) or medical insurance (Part B) of the Medicare program for a variety of purposes. From this data, a variety of analytic files and summary tabulations are created that support a variety of CMS core data responsibilities; policy formation, program management, quality improvement organization program, actuarial projections, customer information and research. The data is used to evaluate policy, adjust payment rates, improve program operations, improve health care quality, and make recommendations for legislative changes to the Medicare program, as well as for litigation purposes.

4. Identify with whom the agency will share the collected information.

The information will be shared with CMS staff; contractors contracted with the Agency; Federal or State agencies; Quality Improvement Organizations; insurance companies; researchers; Members of Congress or congressional staff members; and DOJ.

5. Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

The Medicare claims information is obtained from the Common Working File (CWF) and some beneficiary data that is contained in our “family of systems” are obtained from the Enrollment Database (EDB). The claims data is received nightly from the 9 CWF host sites and the Enrollment information is pulled from the EDB. The Privacy Act permits us to disclose information without an individual’s consent if the information is to be used for a purpose that is compatible with the purpose(s) for which it was collected. Any such disclosure of data is known as a “routine use”. The government will only release the information that can be associated with an individual as provided under “Section III—Proposed Routine Use Disclosures of Data in the System. Both identifiable and non-identifiable data may be disclosed under a routine use.

6. **State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)**

Information **will not** be collected from children under age 13 on the Internet.

7. **Describe how the information will be secured.**

Access to the NCH Nearline/NMUD (primary source for Medicare claims data/some enrollment data) data is available to users through DESY. Only database maintainers have direct access to the NCH/NMUD. A DESY access form is required for all users. All users also sign a Data Use Agreement (DUA) that is approved and signed by our privacy officer and entered into our data release system (FTAPE). The FTAPE system links to DESY, and limits the user's access to CMS data to the files/years in the DUA. DESY has an audit trail of every extract run against the NCH/NMUD.

The other systems listed in the "family of systems" have authorized users of the data. Authorized users having access to the data have been trained in Privacy Act and system security requirements. Employees and contractors who maintain records in the system are instructed not to release any data until the intended recipient agrees to implement appropriate administrative, technical, procedural, and physical safeguards sufficient to protect the confidentiality of the data and to prevent unauthorized access to the data. To assure the security of the data, the proper level of class user is assigned for each individual user as determined at the Agency level.

Every user who requests access to a CMS system has to sign a RACF form, which contains "Security Requirements for Users of CMS's Computer Systems". Users must be recertified each year. A user is granted access to data they are approved to have access to.

8. **Describe plans for retention and destruction of data collected.**

Standards and procedures have been established for the maintenance and use of records containing personally identifiable information, to ensure that the integrity, availability, and confidentiality requirements are met. The policy addresses the disposition of records, to ensure that permanent records are preserved and that temporary records no longer of current use are promptly disposed of or retired.

9. **Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.**

A SOR has been created and published in the Federal Register for the following systems in the "family of systems":

- 09-70-0005 (NCH/NMUD System Number)
- 09-70-0009 (MEDPAR System Number)

Endorse

Endorse

Approve

J. Ned Burford
CMS Privacy Officer

Timothy P. Love
Chief Information Officer

Thomas A. Scully
CMS Administrator

Date __11/21/2003__

Date: __11/21/2003__

Date: __11/21/2003__